PTO/SB/17 (07-06)

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|--|--|--------------------------------|---|--------------------------|-----------|--|
| Effective on 12/08/20  | Complete if Known  |                                |   |                          |           |  |
| Fees pursuant to the Consolidated Appropria  | Application Number   |                                | 10/722,451-Conf. #9996                  |                          |           |  |
| FEE TRANSM   |  |                                | November 28, 2003                       |                          |           |  |
| For FY 200   |  |                                | Joel BOUGARET                           |                          |           |  |
| <b></b>  | Examiner Name  |                                | D. R. Claytor                           |                          |           |  |
| Applicant claims small entity status   | Art Unit   |                                | 1617                                    |                          |           |  |
| TOTAL AMOUNT OF PAYMENT  | Attorney Docket I  | 3493-0126P                     |   |                          |           |  |
| METHOD OF PAYMENT (check all that apply)   |  |                                |   |                          |           |  |
| Check Credit Card Money Order None Other (please identify):  |  |                                |   |                          |           |  |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP   |  |                                |   |                          |           |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |                                |   |                          |           |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |  |                                |   |                          |           |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |  |                                |   |                          |           |  |
| FEE CALCULATION  |  |                                |   |                          |           |  |
| 1. BASIC FILING, SEARCH, AND EXA   | AMINATION FEES   |                                |   |                          |           |  |
| FILI   |  | ARCH FEES                      | EXAMIN                                  | IATION FEES              |           |  |
| Application Type Fee (\$)  | Small Entity<br>Fee (\$) Fee (\$   | Small Entity Fee (\$)          | Fee (\$)                                | Small Entity<br>Fee (\$) | Fees      | Paid (\$)                                |
| Utility 300  | 150 500  | 250                            | 200                                     | 100                      |           |  |
| Design 200   | 100 100  | 50                             | 130                                     | 65                       |           |  |
| Plant 200  | 100 300  | 150                            | 160                                     | 80                       | http://   | ***************************************  |
| Reissue 300  | 150 500  | 250                            | 600                                     | 300                      |           |  |
| Provisional 200  | 100 0  | 0                              | 0                                       | 0                        |           |  |
| 2. EXCESS CLAIM FEES   |  | Ü                              | Ū                                       | Ü                        |           | Small Entity                             |
| Fee Description Fee (\$) Fee (\$)  |  |                                |   |                          |           |  |
| Each claim over 20 (including Reissues)  |  |                                |   |                          | 50        | 25                                       |
| Each independent claim over 3 (including Reissues)   |  |                                |   |                          | 200       | 100                                      |
| Multiple dependent claims 360 180  |  |                                |   |                          |           | 180                                      |
| Total Claims   |  | aid (\$) <u>Multiple Depen</u> |   | ıltiple Depende          | nt Claims |  |
| 6753 =14 _ x _50.00 =70  |  | 0.00                           | Fee                                     | e (\$) <u>F</u>          | ee Paid ( | <u>5)</u>                                |
| HP = highest number of total claims paid for, if   | greater than 20  |                                |   |                          |           |  |
|  |  | Paid (\$)                      |   |                          |           |  |
| 13 - 13 = x =  |  |                                |   |                          |           |  |
| HP = highest number of independent claims pa   | aid for, if greater than 3   |                                | *************************************** |                          |           | er e |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                                |   |                          |           |  |
| Total Sheets Extra Sheets  |  |                                | ion thereof                             | Fee (\$)                 | Fee       | (\$) hic                                 |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =  |  |                                |   |                          |           |  |
| 4. OTHER FEE(S)  Fees Paid (\$)  |  |                                |   |                          |           |  |
| Non-English Specification, \$130 fee (no small entity discount)  |  |                                |   |                          |           |  |
| Other (e.g., late filing surcharge).   |  |                                |   |                          |           |  |
|  |  | -                              |   |                          |           |  |
| SUBMITTED BY   | = 1  | Registration No                | 21.000                                  | T-1                      | (700) 00  | E 0010                                   |
| Attorney/Agent) 21,000   |  |                                |   | Telephone (703) 205-8012 |           |  |
| Name (Print/Type) Raymond C. Stewart Date NOV 3 0 2006   |  |                                |   |                          |           |  |